

STATE OF CALIFORNIA -- HEALTH AND HUMAN SERVICES AGENCY
Arnold Schwarzenegger, Governor



DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING DIVISION

Statewide Children's Residential Program Office

Out of State Group Home Certification Unit

100 Corporate Pointe, Suite 350, Culver City, CA 90230

OUT-OF-STATE PRE CERTIFICATION REVIEW

NATIONAL DEAF ACADEMY

FACILITY VISIT DATES: January 4th through January 7th 2005.

PURPOSE OF VISIT: The National Deaf Academy is seeking certification with the State of California, Department of Social Services, Community Care Licensing Division, Out-of-State Certification Unit. In this regard, the purpose of the visit is to verify facility compliance with California Licensing Standards in order to certify the facility to accept and treat California children and youth.

OSCU STAFF MEMBER: Peter J. Lopez, Staff Services Manager

FACILITY OVERVIEW: The National Deaf Academy (NDA) is located in Mount Dora, Florida a rural community of approximately 15,000 residents located in Central Florida, 30 miles north of Orlando.

The campus, located on 21 ½ acres of land, has a children's unit and an adult unit.

The children's unit is licensed by the Florida Department of Children and Families (DCF). The licensed capacity is 48 male and female clients, ages 6 to 17. Current census is 44 clients, who are housed in 4 separate living units.

One technological feature of NDA is videoconferencing, which allows clients to communicate with relatives and placement representatives located in other states.

Currently the facility is pre-certified and there is one San Bernardino County California client in care.

The adult unit is licensed separately by the Florida Agency for Health Care Administration (AHCA). The license is issued for 36 clients ages 18 and over.

Florida state law prohibits co-mingling of the adolescent and adult communities, and staffing is separate for each program.

Facility clients who reach the age of 18 are immediately discharged from the adolescent unit. If applicable, these clients are reassessed and, if appropriate, readmitted to the NDA adult care unit.

Facility was initially licensed on October 17th 2000. The current license was issued on October 17th 2004 and is valid through October 17th 2005.

In addition to the license to accept Florida clients, the facility is also licensed to accept clients from New Jersey and has contracts to serve clients from 19 other states. Currently 1 facility client is private pay.

Facility website: nationaldeafacademy.com

FIRE CLEARANCE: Unannounced fire inspections have been conducted annually since initial facility licensure

in October of 2000. Over the years the only concern noted was on 8/16/04 regarding replacement of an electrical cord in the kitchen area which, according to the plant operations officer, was corrected immediately.

Because the facility serves the deaf community, all rooms are equipped with strobe lights to alert clients in the event of a fire. These strobe lights are tested monthly.

Additionally, the emergency alarm system is directly connected to a central locating station which will alert the local fire department for immediate dispatch.

DELAYED EGRESS/LOCKED PARAMETERS: There are no delayed egress systems in use at NDA. There were, however, locks on client bedrooms in both the low functioning and sexual offender units. Upon notification that these locks violated California Licensing Standards, administration immediately ensured removal of the cylinders.

Note: this issue will be further addressed in the section of the report regarding OSCU findings.

SWIMMING POOLS AND BODIES OF WATER: There is a swimming pool and a pond, of approximately 1 acre in size, located on the facility grounds. The pool is encircled by fencing which measures 4'3" in height and has 2 gates that are padlocked. The spacing between the vertical slats is 5 and 1/8 inches.

As for the pond, it is encircled by a 4 foot wooden fence, and the spacing between the vertical slats is between 4 and 6 inches.

HEALTH DEPARTMENT CLEARANCE: The local County Health Department is responsible for conducting annual unannounced facility wide inspections that review food service, water supply, sanitary facilities (such as toilets, showers and hand washing units), as well as the overall physical plant including ventilation, lighting and construction.

All reports, signed by the Health Inspector, indicate that the facility was in compliance with Health Department requirements.

Additionally, the food service area is inspected quarterly. Once again, all reports dating back to 2001 indicate facility compliance with food service issues.

EMERGENCY DISASTER PREPAREDNESS: Facility conducts facility wide disaster drills semi annually. Facility maintains detailed documentation of these disaster drills. These drills are related to issues such as fires, hurricanes, tornadoes, thunder and lightning storms, and power outages. Last disaster drill was conducted on July 16th 2004.

NEW CONSTRUCTION: The facility is currently constructing a new 10,000 square foot gymnasium, which will contain a recreation therapy room, rock climbing wall, exercise equipment, and outdoor barbeque facilities. The gymnasium facility will also contain a canteen, so students may buy and sale snacks, as well as a movie room and restroom facilities. Gymnasium completion date: April 2005.

VEHICLE MAINTENANCE: Facility maintains a fleet of 4 vans, these vehicles are safety inspected and provided routine maintenance quarterly. Documentation is maintained by the facility.

ACCREDITATION: NDA is accredited by the Joint Commission on the Accreditation of Health Care Organizations (JCAHO). The last accreditation process was conducted from October 13th through October 15th 2004. The issues identified were:

- Physicians had not completed intervention training
- Certain client medical records were not dated and timed by the doctors

- Refrigerator temperatures were out of range
- Documentation in two client files did not list the utilization of the level system, and
- Inadequate information regarding a client history, which could have minimized the usage of restraints.

The facility has submitted the required action plan, and follow-up documentation is in process and will be submitted within the timeframes established by JCAHO.

Based upon the above noted action plan, the facility remains accredited and this accreditation is valid through October 13th 2007.

FLORIDA LICENSING: Facility is licensed by the State of Florida, Department of Children and Families (DCF). Annual unannounced inspections are conducted by the Department. DCF is also responsible for investigating complaints lodged against the facility. DCF utilizes the following state statutes and codes to license, monitor and regulate residential care facilities: Chapter 65C Group Homes and Chapter 65E Mental Health Code.

The facility was initially licensed by DCF on October 17th 2000. No report was issued.

Facility has been evaluated annually since initial licensure in 2000. From 2001 through 2003 no written reports were issued, however, facility was issued new certifications, which indicate compliance with licensing requirements.

The latest certificate to operate a child care agency was issued on October 17th 2004. This certificate validates facility compliance with the operating standards established by DCF. The certificate is valid for one year unless renewed, withdrawn or revoked for cause.

Latest annual inspection was conducted by DCF on 9/23/04. Three deficiencies related to employee issues were cited:

- Failure to have staff sign mandatory child abuse reporting documents
- Failure to obtain two character references for two new employees
- Failure to secure 6 month performance evaluations for new direct care staff.

Plan of Correction: DCF issued a plan of correction with a due date of 10/4/04. Facility completed the required plan of correction, and this was acknowledged in writing by DCF on 10/19/04.

Neither DCF, nor any other state regulatory agency, require the facility to submit incident reports, unless they involve serious issues such as client death, suicide attempts or non-routine medical treatment outside of the facility.

Facility policy is to complete SIR's and maintain them in a chronological file. During the annual reviews, DCF conducts a survey of these incidents.

COMPLAINTS: According to facility administration, and as verified by DCF, there have been no substantiated complaints lodged against NDA since initial licensure in October 2000.

Licensing agency website is as follows:

www.dcf.state.fl.us

PROGRAM ADMINISTRATION: CEO and Medical Director Alan Cohen, Assistant Medical Director, Zena Marshall, Attending Physician, Maxine Minto, Director of Plant Operations and Safety Officer, Mike Cherenak, Chief Financial Officer, Aaron Henry, Director of Marketing, Elena Moore, Director of Nursing, Ann Richards, Director of Health Information, Linda Scaletti, Vice President of Human Resources, Barbara Tashlein, Director of

Clinical Services, Melissa Watson, Director of Mental Health Technicians, Matt Dray and Director of Charter School, Rebecca Hilding.

CLINICAL STAFF REVIEW MEETINGS: These meetings are conducted Monday through Friday and focus upon individual client cases, which are discussed and reviewed. Admissions and discharges are also discussed. The goal is to promote a multidisciplinary team approach to manage specific problems of the residents. SIRS and protective holds are also discussed and reviewed during these meetings.

PROGRAM OVERVIEW: National Deaf Academy is a residential treatment center for deaf children and adolescents. The NDA philosophy is to provide intensive psychiatric residential treatment to meet the cognitive, emotional and social needs of each resident, and his or her family. The core of the program philosophy is focused upon each resident having a productive day, while learning new interpersonal, behavioral and recreational interests and skills. These skills will enable the clients to improve self esteem, and ensure a successful transition back into the community, school and family. There are four major elements to the NDA Program:

- School: Viewed as the factor that determines program success.
- Therapy: Consisting of medication, and individual, family and group psychotherapy. If applicable, clients attend specialized therapy such as a sexual trauma groups, chemical dependency groups, and AA/NA groups. The facility also employs Mental Health Technicians for milieu management, and to help client's process relationships in the milieu.
- Recreation therapy: Designed to help clients not only have a good time, but to learn to have a good time in a healthy way, without drugs or alcohol. Facility employs recreational therapists who teach leisure skills, and assist residents to resolve conflict.
- Behavior Management: Uses the level system to measure behavior and progress in treatment. By demonstrating responsibility and self control, the clients earn more privileges and independence. The level system is effective when the clients are given immediate, on-going and consistent feedback regarding their behavior. The facility also offers needed crisis intervention strategies.

The facility philosophy is that the combined therapies provide clients with an opportunity to develop coping skills, social skills and relationship development skills that will help them with their treatment issues.

PROGRAM STATEMENT:

NDA offers a residential treatment program for Deaf Children and Adolescents, and a majority of the clients also have pervasive developmental disorders. Additionally, a majority of the youth are adjudicated, while a small percentage are privately placed. The facilities adolescent program is specifically designed for youth ages 6 to 17 years of age. Specific client conditions the facility is equipped to accept and effectively treat are clients who are aggressive, clients with anxiety or psychotic disorders, or clients with prior sexual offenses, and/or poor impulse control.

The facilities program statement specifically precludes acceptance of the following types of clients: those with chronic inappropriate behavior, those at high risk of suicide, those clients with extreme medical conditions and clients who are non-ambulatory.

CLIENT INTAKE PROCEDURE: Appropriate referrals to NDA involve clients who require intensive, residential psychiatric treatment. To determine client appropriateness for acceptance into the facility, the Director of Admissions uses an Intake Data Collection Report which is used to collect the following information: psychiatric and psychological evaluations, psychosocial, medical and physical history, court documents and any other clinically appropriate documents.

Upon receipt of the required information, both the Director of Admissions and the Committee Intake Review will assess and determine an applicant's admissibility to the facility.

If a client is determined to be appropriate, a pre placement date will be established. If client placement is determined to be inappropriate, the Admissions Director will notify the referral source, and may suggest appropriate alternative placement resources.

SPECIAL INCIDENT REPORTS: Due to issues of miscommunication, the facility had not been reporting incidents as required by California Licensing Standards. During visit facility administration provided with verbal consultation regarding reporting expectations and facility also provided with written reporting guidelines, as well as a reporting template (LIC 624).

Administration is now aware that all applicable facility incidents must be reported to the OSCU within the agencies next working day, and that any required follow-up be reported to the OSCU within 7 calendar days.

Facility administration is now clear of the California reporting standards and since 1/10/05, reports have been forthcoming.

Administration also plans to utilize the reporting guide noted above to provide in-service training for applicable staff members.

Regarding electronic incident reporting, facility is interested in this method of reporting and the OSCU will assist facility to implement this reporting protocol.

CLIENT PERSONAL RIGHTS: Facility Handbook documents client rights including, but not limited to the right to be safe from harm, to be treated with dignity and respect, to actively participate in the treatment plan and to discuss problems with authorized representatives.

The administration has also insured that throughout the facility, information is posted which includes toll free numbers for Resident Rights and for the Florida Abuse Hotline. The posters also provide telecommunication device information for the deaf population (TDD)

Finally, residents and family members are provided copies of the Resident/Family Rights document.

CLIENT GRIEVANCE PROCEDURES: The NDA manual of policies and procedures states that the resident, guardian, or resident representative have the right to lodge complaints regarding facility policies or regulations, or regarding the actions of NDA employees or agents. NDA policy states a commitment to fair and timely resolution of the complaint.

Procedure is to complete a complaint form and forward to the Risk Manager via resident advocate mailboxes located throughout the facility.

The Resident Advocate is then responsible for the following: conducting a thorough investigation of the complaint; providing applicable parties with outcome information; logging relevant information into a Grievance Log Book, and providing this information on a quarterly basis to the Performance Improvement Committee, and the Executive Committee.

The grievance procedure indicates appeal rights to the CEO and to a governing board consisting of 5 administrative officers.

Based upon information provided by OSCU, the administration will incorporate into their grievance procedure formal notification of the client's right to lodge complaints with their respective placement worker, and the state regulatory agency.

STUDENT COUNCIL: Based upon input provided by OSCU, facility Administration has decided to establish a Residents' Council at NDA. Preliminary plans for the council are to organize the council similar to how a mainstream high school student council would be organized. Specifically, the council will be supervised by professional staff and will provide students with a forum to address concerns or complaints, and will provide youth with an opportunity to develop planning, organizational and leadership skills.

Membership will consist of youth from one of the four distinct therapy groups, and each youth would be nominated by their peers.

DRUG TESTING AND SEARCHES: In accordance with first amendment rights, Facility Administration recognizes that all clients have the right to be free from unreasonable search and seizure. At NDA, the current practice is to perform pre admittance and continuing drug testing of clients with a history of past drug usage. Additionally, and on a case by case basis, facility may also decide to drug test a client based upon a reasonable suspicion of drug usage.

Facilities' current policy is to obtain permission for drug testing from the clients' parents or legal guardian.

California licensing standards recognize that client treatment plans may involve the legitimate need to drug test or conduct clothing searches. However, to ensure that client rights are upheld, California standards require that these procedures be conducted only through written approval by the clients' placement representative or by court order and that the procedure be incorporated in the facilities program statement.

Therefore this issue will be further addressed in the section of the report regarding OSCU findings.

CRIMINAL RECORD CLEARANCE REQUIREMENTS: The hiring process requires prospective staff to complete an employment application requesting information about any criminal convictions; prospective employees must also complete an affidavit of good moral character. Under the vast majority of circumstances, if the prospective employee verifies a criminal conviction, they would be ineligible for employment at NDA. On the other hand, if the prospective employee checks no, and is provided with a job offer, a background check is conducted. Florida Law provides the facility with three weeks to submit this information, however, facility policy is to submit this information within 48 hours of new employee orientation. The background check is conducted through Local Law Enforcement, and results are returned to the facility within 5 to 7 working days. The State also requires the facility to submit a fingerprint card to the Florida Department of Law Enforcement (FDLE) within 30 days of employment. However, facility policy is to submit the prints within 2 weeks. Based upon this submission, facility receives state background check results within 30 to 45 days. Finally, and within 4 to 6 months following submission of the fingerprint information, facility receives a final report regarding FBI criminal clearance.

The clearance is valid for 5 years. Every 5 years the state requires the facility to repeat the process. This procedure is known as the 5 year re-screening, which involves a re-check of the state criminal background clearance status for the applicable employee. Results are typically received within 30 to 45 days.

The State of Florida does not maintain a child abuse registry, therefore residential care staff are not required to clear a child abuse index check.

Pending the above noted clearances state law allows the staff to work with clients both in a supervised and a non unsupervised setting, because of their completion of the affidavit of good moral character form.

During the annual review, DCF conducts random audits of individuals associated with the facility in order verify background clearance. Over the last 4 years there have been no documented concerns pertaining to this issue.

At time of visit, and per the CEO, all direct care staff have either submitted criminal record clearance information, have obtained criminal background clearance.

SUBSEQUENT ARRESTS: The State of Florida does not provide the facility with subsequent arrest information. The applicants, however, are required to sign an affidavit verifying their commitment to notify the facility in the event of a subsequent arrest.

Facility will be implementing a new procedure which requires completion of a newly drafted affidavit which states that failure to report subsequent arrests to facility administration could result in disciplinary action up to and including termination.

BEHAVIOUR MODIFICATION SYSTEM: NDA uses a level system to promote appropriate behavior and completion of overall treatment goals. These levels are as follows: A, R, T, S.

After completion of orientation, all clients are on level A. Elevation to the other levels involves progressive demonstration of positive behaviors such as: verbal acceptance of the program, rules and expectations. Engagement in all areas of treatment, acceptance of constructive feedback, ability to express feelings appropriately, ability and willingness to assume responsibility for behavior and to make appropriate changes, consistent display of positive role model for peers, demonstration of active and consistent work on therapeutic issues, and development of leadership skills.

Each successive level entitles the youth to a variety of privileges such as using the community television, attending off campus outings or receiving special gifts.

MEDICAL, DENTAL, NUTRITIONAL AND PSYCHOLOGICAL SERVICES: Medical service staffing is as follows: 102 mental health technicians (not licensed by the state, but trained by the facility), 15 registered nurses, 9 psychotherapists, 2 psychologists, 3 psychiatrists, medical doctor (pediatrician). Facility also contracts with a nutritionist who visits the facility bi-weekly. The nutritionist provides one on one educational sessions, as well as group sessions. Topics include general nutrition, reducing carbohydrates, the food pyramid, diabetes, and obesity.

According to facility administration, 99% of the clients are on psychotropic medications including anti-depressants, anti-parkinsons, anti-seizure and anti-psychotic medication, as well as anxiety agents and mood stabilizers.

The clinic also ensures that incoming clients who have not received a physical within the past 30 days, are administered a physical by the medical doctor. These physicals are conducted within 24 hours of admission. Additionally, client physicals are performed annually, and the facility RN performs physical evaluations on clients who have been restrained.

The facility also performs drug testing procedures on applicable clients, and ensures the prioritization, scheduling and tracking of all client medical appointments.

The facility procedure regarding clients who refuse medication is to ask the client why, and attempt to educate and facilitate voluntary compliance. If unsuccessful, staff will document the occurrence and refer the problem to the physician, who will work one to one with the resident to facilitate compliance.

Facility aware of the client's right to refuse medication and this is outlined in the Nurses Code of Ethics, through staff orientation and is contained in the facilities' employee handbook.

Special services offered by the medical unit include the following: voluntary STD testing, including testing for HIV, is offered to the students and is conducted by the local County Health Department, physical therapy by contracted physical therapists, contracted occupational therapy, annual physical, optometric examinations and dental exams including routine dental services.

Facility nurses conduct one-on-one health education training regarding medications, medical conditions and

infection control. For higher functioning students assistance is provided so that they can utilize the internet to gain education about a particular medical condition such as schizophrenia

Finally, and at time of visit, medical staff, in conjunction with the local Health Department, are working to ensure that all students and applicable staff receive a flu vaccination.

STAFF TRAINING: New employee orientation training includes a total of 40 hours of training conducted by various department chairs and includes topics such as: Working within the deaf culture, HIPPA, water safety training, first aid/CPR, infection control, psychotropic medications, DEESCALATION techniques and American Sign Language (ASL). Additionally, a major part of the training involves a detailed case study of a particular client using an outside consultant.

According to the CEO, 90% of the direct care staff are fluent in sign language. For those hired without this ability, training is provided by the facility.

CONTINUING TRAINING REQUIREMENTS:

STAFF MEDICAL CLEARANCE: In order to ensure client and staff health, California licensing standards require that staff be medically evaluated by a physician or physician's assistant, prior to facility employment. Current facility policy does not conform with this requirement regarding staff hired prior to October 2004. Regarding medical clearance, these staff are only required to complete a pre-employment health evaluation. The purpose of the evaluation is to 1) determine if there are medical conditions which would prevent the employee from performing essential job functions and 2) to provide health information useful in assessing current and/or preventing future illnesses or injury.

Facility is seeking a waiver of the medical screening requirement for staff hired prior to October 2004 by requesting a 12 month period of time to allow the facility to obtain medical health clearances for all staff.

This issue will be addressed in the section of the report regarding OSCU findings.

EDUCATIONAL AND VOCATIONAL SERVICES:

NDA operates a charter school which is comparable to a public school. The school is funded in part by the local county school district as well as funds from some of the student's home school districts. The remaining funding is from private sources, such as insurance companies and parents. The local school district oversees special education procedures which in Florida are known as Exceptional Student Education. The school follows Florida Sunshine Standards in terms of coursework, but the charter school at NDA has developed its own curriculum, and its own teaching methodologies.

One primary goal of the school is provide youth with a high school diploma. Those unable to obtain high school diplomas are provided with independent living schools to enable them to obtain a job, live in a shared living environment, or in an independent living arrangement.

The school is currently not accredited but plans to seek accreditation through the Council of Educational Administrators of Schools for the Deaf. This process typically requires 5 years of review and development.

Relative to vocational services, this would involve the teaching of life skills such as consumer math, money management, knowledge of community resources, procedures for refilling a prescription and access to interpreter services.

On campus job descriptions currently being developed for future implementation include: office skills, culinary skills, landscaping, general maintenance, child care, canteen services, laundering and retail services, and recycling services

Ultimate goal for the vocational program is to provide youth with off campus employment opportunities,

CALIFORNIA PLACEMENT AGENCIES:

Currently there is one county placement agency working with NDA: San Bernardino County.

As part of the recertification process, contact was made with the placement agency. Discussion with the placement representative indicated overall satisfaction with the services and treatment program provided by the National Deaf Academy.

PERFORMANCE OUTCOME MEASUREMENTS:

SCOPE OF RECERTIFICATION REVIEW: Assessment of critical operational issues including programming, intake and discharge procedures, rules of discipline, emergency intervention techniques, medical procedures, staff and client file review, facility file, review, review of board of director minutes, current and former staff and client interviews, observation of children in daily program activities, criminal record clearance review, verification of issues pertaining to personal rights, review of unusual incident reports, food service issues, review of transportation systems, emergency preparedness, staff recruitment, training and retention, disaster preparedness, fire clearance issues, and issues pertaining to physical plant safety.

OUT-OF-STATE CERTIFICATION REVIEW FINDINGS:

STAFF MEDICAL CLEARANCE ISSUE: California Licensing Standards require all staff to complete a health screening administered by a licensed medical professional prior to employment. In October 2004, and due to another state's requirements for placing clients at NDA, the facility began requiring pre-employment physicals for all newly hired staff members. However, staff hired prior to October 2004, only have a facility required pre-employment health evaluation form, in lieu of a physical.

Administration is requesting a waiver to allow the facility 12 months to complete the process of medically clearing all facility employees.

LOCKED DOORS OR PARAMETERS: California Licensing Standards prohibit the use of locked door or parameters in licensed or certified group home facilities. At time of visit, locks were present on facility doors located in bedrooms in the low functioning and sexual offender units.

PLAN OF CORRECTION: Upon notification that the locks noted above were prohibited, administration immediately ensured removal of these locks.

DRUG TESTING AND CLIENT SEARCH ISSUE: California Licensing Standards require specific protocols regarding drug testing and client searches. While the standards acknowledge that these procedures may be an important part of a client's treatment program, the protocol must be incorporated into the facilities Program Statement, and must be approved in writing by the clients authorized representative or by court order. NDA is currently not in adherence with this standard.

PLAN OF CORRECTION: FACILITY TO PROVIDE OSCU WITH UPATED PROCEDURES AND AMENDED PROGRAM STATEMENT WHICH MEET CALIFORNIA LICENSING STANDARDS IN REGARDS TO CLIENT DRUG TESTING AND SEARCHES.

DUE DATE: MARCH 1ST 2005.